

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: Alexey B. Dyatkin, et al.

For : Aza-Bridged Bicyclic Amino Acid Derivatives As  
Alpha4 Integrin Antagonist

Express Mail Certificate

"Express Mail" mailing number: EL568230283US

Date of Deposit: June 26, 2001

I hereby certify that this complete application, including specification pages, claims, and unsigned Declaration and Power of Attorney is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

A signed Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)

Karen Hall-Morgan  
(Signature of person mailing paper or fee)

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JC672 US PRO 89562  
JC672 US PRO 89562

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

ORT1451

First Inventor

Alexey B. Dyachenko

Title

Aza-Bridged Bicyclic Amino Acid Derivatives As Alpha4 Integrin Antagonist

Express Mail Label No.

EL568230283US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.
3.  Specification [Total Pages 98]  
(Preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

4.  Drawing(s)(35 USC 113) [Total Sheets ]

5. Oath or Declaration [Total Pages ]

- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

18.  If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label 000027777 or  Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson &amp; Johnson

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New Brunswick, NJ 08933-7003 USA

**20. TELEPHONE CONTACT**

Please direct all telephone calls or telefaxes to Hal Brent Woodrow at:

Telephone: (732) 524-2976 Fax: (732) 524-2808

**21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Hal Brent Woodrow	Reg. No. 32,501
SIGNATURE	<i>Hal Brent Woodrow</i>	

**FEE TRANSMITTAL**

Complete if Known	
Application Number	BD
Filing Date	June 26, 2001
First Named Inventor	Alexey B. Dyatkin
Group Art Unit	
Examiner Name	
Attorney Docket Number	ORT1451

**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	57 - 20 =	37	x 18.00	\$ 666.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1,376.00

**METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/ORT1451/HBW in the amount of Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT1451/HBW. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Hal Brent Woodrow	Reg. No. 32,501
Signature	<i>Hal Brent Woodrow</i>	Date: June 26, 2001 <b>Deposit Account No. 10-0750</b>